

**MARYLAND GOVERNOR'S COMMISSION ON
ASIAN PACIFIC AMERICAN AFFAIRS**

Meeting Minutes

Date: Tuesday, July 21, 2009

Time: 6:30 pm – 9:00 pm

Place: C Burr Artz Library
110 E. Patrick Street
Frederick, Maryland

Present: Chair Jane Nishida, Anis Ahmed, Katherine Chin, Kwang Choi, Elizabeth Chung, George Dang, David Pak, Tammy Pantages, Shailesh Patel, Lily Qi, Amjad Riar, Beth Wong, Kui Zhao

Absent: Vice Chair Bruce Lee, Shukoor Ahmed, Kamala Edwards, Suresh Gupta, Maria Hrabinski, Martin Ma, Nayan Shah, Sovan Tun

Staff Present: David Lee, Agnes M. Smith

Guest Speakers:
C. Irving Pinder, Executive Director, Maryland Board of Physicians
(formerly Board of Physician Quality Assurance)
Henry Templeton, Director, Human Relations Department, Frederick County

I. Welcoming Remarks

Chair Jane Nishida called the meeting to order at 6:45 p.m. Chair Nishida thanked everyone for attending and she especially thanked Commissioner Elizabeth Chung for making arrangements for the Commission to meet in Frederick County. She said that they are delighted to be in Frederick County. The Commission is traveling around the State to meet as many communities to hear what the various concerns are in various regions.

Introducing the first guest speaker, Chair Nishida noted that at previous meetings, concerns were raised about immigrants who are certified health care providers in their home countries but, due to the requirements/challenges of practicing in the United States, cannot fully practice in the US.

II. Guest Speakers

C. Irving Pinder, Executive Director, Maryland Board of Physicians (formerly Board of Physician Quality Assurance)

Mr. C. Irving Pinder informed the Commission that there are seventeen different health occupation boards in Maryland. His office is responsible for licensing and regulating all of the doctors in Maryland. He noted that when it comes to the licensing part of his presentation, he will explain what the criteria is for everyone, why there are a few differences in international

medical graduates and their requirements to be licensed in Maryland, and any perceived problems that may be out there.

Currently, there are 26,650 licensed doctors in Maryland. Out of the 26,650 doctors, 17,781 actually have their primary practice setting in Maryland, which means that of the doctors that are licensed, 33% are now practicing outside of Maryland. Also of the 26,650 doctors, there are 4,106 on a computer database that have self-declared that they are Asian physicians. He wanted to clarify the numbers because for years, they just asked people to self-declare if they wanted to. However, the legislature is asking them now to mandate that they answer on the on-line renewal so that they can have more statistics. They are really trying to find out exactly how many doctors they have from different backgrounds and that information will be used by the Health Care Commission (HCC) looking at studies about physicians, licensing and the physician shortage in the State of Maryland. While the physician rate is growing, there are shortages in geographic areas such as Western Maryland, Eastern Shore and Southern Maryland and by specialty. Of the 4,106 Asian physicians, 2,200 are foreign educated physicians. He noted that in future years there will be better numbers, since all the doctors in the past did not answer that question.

Of the doctors that responded, 24% says that internal medicine is their specialty, 7% pediatric, 5% radiology. The Board has twenty-one members of which fourteen are physicians, five consumers, one consumer member with experience in risk management and one physician assistant. He informed the Commission that besides regulating 26,650 doctors, they also regulate several allied health fields. They regulate 6,000 radiation technologists, 2,500 respiratory therapists and 2,300 physician assistants. In the last year, they have been given two new boards to regulate which include athletic trainers and polysomnographers, who do sleep studies. The good news is the State has the confidence to give them this additional responsibility. The bad news is they do not give any money to go along with it. The issue is that the Board of Physicians does not get any State dollars. All the money comes from the practitioners' fees. In the eight and a half years he's been there, he has not raised doctors' fees. One way he's looking at funds for the future is to raise the allied health fees.

For many years, there were complaints that the Maryland Board of Physicians did not regulate and discipline enough physicians. Those complaints were looking at disciplinary actions as a percentage of the total number of doctors in Maryland. However, it doesn't take into consideration how many doctors are actually seeing patients in Maryland because many are researchers at NIH, Hopkins, Maryland medical schools. It also does not take into account the quality of the pool of doctors. Obviously, with Hopkins and NIH in Maryland, there are many excellent doctors compared with some other states. Last year, Alaska and Wyoming were ranked number one and two in rates of discipline. Maryland falls in the forty-four/forty-five range in the same category. All they look at for the ranking is how many doctors were disciplined. They do not look at the quality of the doctors you have, what kind of remedial programs you gave them, or what kind of rehab programs you have.

Of the fourteen doctors on the Board of Physicians, five are international medical graduates. The Board is quite diverse.

He spoke about credentialing foreign-trained physicians coming into Maryland. The first step is verification of graduation of medical school. The Educational Commission for Foreign Medical Graduates (ECFMG) certifies graduates from foreign medical schools. Maryland mandates ECFMG certification for all foreign medical schools. If a physician comes from a medical school that is not ECFMG certified, then they need to get more medical education to be a

licensed physician in Maryland. Also, some international medical graduates only have two years of clinical post-graduate training. That is different from the American educated graduates who have three or four years of post-graduate training. Everyone has to pass all three steps of the United States Medical Licensing Exam (USMLE). Lastly, international medical grads have to pass an Oral Proficiency Interview (OPI) which takes into account communication skills. He invited the Commission to let him know if they think it's too restrictive. He also noted that these requirements are in statute. He said he hasn't heard a lot of stories about there being problems with qualified physicians getting in.

Mr. Pinder discussed the procedure for complaints against a physician. When the Board receives a complaint, it goes to an investigative review panel, made up of doctors and consumers, which determines whether the case should be opened or closed. There are about 2,000 complaints a year of which 80% are closed at this investigative review panel due to a finding that there is not a chargeable offense. The other 20% go to a full investigation. If it is a standard of care case, which means the quality of care, it is sent to two doctors of the same specialty to do a peer review of the medical records to see if there is a departure from the standard of care. The standard care cases are the hardest to prove and cost the most. He noted that out of the 26,650 doctors, he would say that there are only a few hundred that should not be practicing. Mr. Pinder noted that the allied health fields are growing and are taking an enormous amount of the Board's time for non-disciplinary actions. The doctors are using them more and there is a demand for them because of the doctor shortage in certain fields. He asked the legislature to start looking at this because there are going to be some real issues about the Board being able to handle all the new cutting edge fields that are coming in. The Nursing Board is overwhelmed with licensing, but they are expanding their scope of services.

Commissioner Amjad Riar asked about the physician shortage versus the role of both physicians and nurse practitioners. He spoke about his experience with a workgroup he chaired for the Governor's Council for New Americans. The numbers did not look very healthy in terms of addressing the shortage of physicians in the future. He noted that we should look at whether the licensing requirements are too stringent, causing us to lose physicians to other jurisdictions. He asked Mr. Pinder if they look at that when they are processing licensing applications.

Mr. Pinder said that they are working with the Health Care Commission and they will be getting better numbers because this year, since it is mandatory that everybody report on-line. This was done so that working with the HCC, they could get a better analysis about the work shortage issue. Whereas he says there are 26,000 licensed physicians but only 17,000 actually practice in Maryland, the HCC and Med-Chi say that if you have a doctor that only sees patients 20% of the time, they'll take five of those doctors and say it is one. For him, there are still five doctors that could do harm in providing care for patients. His numbers are Census, their numbers are workforce. However, he is working with the HCC to get more accurate numbers from the online reporting. The HCC has changed the questions in the on-line form to ask those types of questions (for example, what percentage of time do you see patients?).

Another issue is primary source verification. Every hospital and every practice conducts their own verification. He felt that it was redundant because the Board already does it. He said there were some ways the Board could streamline the process if the hospitals would accept it. Commissioner Riar said that Maryland has adopted Federal Certification Verification Service (FCVS) which the Board already does the primary source verification for.

Commissioner Riar asked if the time to meet all of the criteria for licensing could be changed. He noted that physicians must pass all United States Medical Licensing Exams (USMLE),

Education Commission for Foreign Medical Graduates (ECFMG), have two years of medical practice to take the third part of the USMLE. For foreign graduates, it is more difficult to come to the United States, find a place to start working, take the exams, get experience at a local hospital, get into residency training, then finish the third part of licensing exam generally taken in the second year of residency, then apply for licensing within the ten years as required by the State of Maryland. Another issue is the limit on the number of attempts. The State of Maryland has strict criteria on the number of attempts compared to Virginia, Delaware and D.C. He recommended that the State Board of Physicians advocate for changes to the criteria in order to address the physician workforce issue.

Mr. Pinder said that in 2005, Maryland gave seven years to complete all three steps of the USMLE. It was changed to ten years but some restrictions were put on how many attempts you could have on each step. They were seeing people with six or seven fails on each step of the USMLE. That raised questions about the ability of that physician. Now, there is a requirement that there be no more than three fails on any step. He mentioned that he will be meeting Delegate Rudolph on this issue next month. Somebody could take ten years and a week and pass all three the first time, but still be prohibited from practicing, whereas another physician could fail several times and still get licensed. There are some things that still need to be worked out. He said that he is willing to work on changing some of these criteria. He noted that six months ago, he had an issue where a doctor had taken ten years and four days. He knew this was not the intent of the law, so he did research and found that he had thirty days leeway. He agreed that there should be some exceptions to the rules. There need to be more exceptions, but not at the cost of bringing in poor quality doctors to Maryland. He again noted that he is willing, if able, to work on making some exceptions.

Dr. Riar said that being a good or bad physician is not determined by taking the exam one time or two times. The local graduates will do better in taking the exam because they are taught how to take these kinds of tests in college and medical school. The foreign graduates come from different academic backgrounds. The type of exams and testing is totally different. They have that uphill battle to learn that different test taking skills in a very short time. That is a factor that plays in understanding how to take the test. Test taking skill is different than actual application of knowledge. So a good physician is not necessarily one that is good at taking the test, but rather comes from actual physician training.

Chair Nishida asked Mr. Pinder if he could partner with the Commission to be able to identify what the challenges are and then if it requires a legislative fix to work with the Commission. Chair Nishida said that she would designate the physicians on the Commission to work with Mr. Pinder.

Commissioner Qi said that before Mr. Pinder's presentation her impression was that any foreign educated physician would have to go through the entire training again in order to be licensed to practice in this country. She noted that she has a lot of Chinese friends that received degrees in China and came to this country had to go to medical school again in order to practice. Mr. Pinder said if that country is certified by the Educational Commission for Foreign Medical Graduates they do not have to go to medical school again, but just have two years of clinical post-graduate training and the oral proficiency interview.

Commissioner Qi spoke about the population becoming more diverse and people having more choices in the kind of treatment they can get. She recently had lower back pain and her American friends told her to get acupuncture. How do you license those that specialize in herbal medicine? Mr. Pinder said that the issue with alternative medicine is that patients can use that

but with an informed consent that says it is non-traditional medicine. You have to be licensed to practice alternative medicine. If you are already licensed in Maryland, you can practice alternative medicine but it still has to be something that is recognized and not harmful.

Commissioner Elizabeth Chung spoke about the Draft Report for the Maryland Council for New Americans that gave a recommendation to establish a credentialing office for foreign trained professionals. She wondered if this kind of office would be helpful to the Board in recruiting, retaining and maintaining physicians, particularly foreign born. Mr. Pinder said that he has no problem working with something like that. He again said that the intent of the Board is not to prevent someone from getting licensed, but to ensure quality medical service.

Commissioner Kitty Chin asked if the allied professionals included nutritionists and dieticians. Mr. Pinder said that they have their own board. Also, he noted that physicians must have fifty Continuing Medical Education credits within a two year cycle.

Commissioner Anis Ahmed asked what was the percentage of physicians disciplined. Mr. Pinder noted that the number is low. Out of the 17,000 doctors that practice in Maryland, they take licenses away from less than one hundred a year. When the Board actually takes the license away, it has to be a serious infraction. There are also about fifty physicians who are reprimanded.

Commissioner Ahmed asked how many complaints are received each year. Mr. Pinder answered that they receive about 2,000 complaints a year.

Chair Nishida thanked Mr. Pinder, looked forward to working with him, and appreciated him coming to talk to the Commission about certification and primary source issues.

Henry Templeton, Director, Human Relations Department, Frederick County
Mike Courgen, Human Relations Commission, Frederick County

Mr. Henry Templeton informed the Commission that in 1989 Frederick County established the Human Relations Commission and the Human Relations Department. The Human Relations Department investigates allegations of discrimination in housing, employment and public accommodation. He said just like the federal statute on the EEO side and the State statute Article 53, in Frederick County, anyone in a protected class (e.g. age, race, national origin, sexual orientation) who is discriminated against can file a case in his office. His office will investigate the case and, if they determine that there is reasonable cause, that person must then go through a process along with the department to try and conciliate the case. They will determine whether or not the case can be resolved by bringing the two parties together to try and work out their differences. If that fails, the case will go to the Human Relations Commission to determine if there is discrimination. This takes place in a public arena.

Mr. Templeton noted that there has been a 40% increase in the Asian Pacific Islander population in Frederick County over the last fourteen months. The net increase of complaints for investigations is 500%. There was a 700% increase the year before. He noted that the public did not know their rights but thanks to the Human Relations Commission, on April 21st, for the first time in Frederick County, discrimination became unlawful. Previously, there was a statement in Frederick County's ordinance that said discrimination was contrary to public policy, but no one really knew what that meant or how it could be enforced. For that reason people didn't feel comfortable filing complaints. The announcement about the new law went out on April 23rd and the next day there were 16 people to file complaints. He asked the Commission to share

information to anyone who believes that they may have been wronged in terms of their lawful employment opportunities, lawful housing opportunities, etc.

Mr. Mike Courgen said that the Human Relations Commission is made up of 15 volunteers. They have a variety of duties on the charter. They are currently undergoing a restructuring that hopefully will result in better community outreach. They have new committee structures that will allow them to accomplish more work at a lower level. The Commission also is charged with advising the Board on matters of discrimination, promoting multiculturalism, community outreach, etc. Once the restructuring is complete, the Commissioners will be doing more outreach. They will be giving presentations and be more accessible to the public. He spoke about some of the events they sponsor which include ethnic celebrations.

Chair Nishida spoke about the statistics that Mr. Templeton mentioned in regards to the Asian Pacific population's 40% increase, but she referred to the Census Bureau's 2005 estimates which says it has increased by 140%. She wanted to know what the county is doing to try to identify this population. How is it in proportion to other minority populations? Also it was said one of the purposes of the Commission was to do outreach. What activities are being targeted to the Asian American community?

Mr. Templeton said that as a result of the new Commission, they have a strategic plan that is filled with outreach. He needs to make himself available to speak about filing complaints and conducting investigations to the different groups.

Chair Nishida asked whether the county provides literature in regard to services. Mr. Templeton said that both the Department and Commission have brochures in different languages that they will share. In the past the public did not have a sense of the opportunities because there was no central focus. The central focus now is for the Human Relations Commission to conduct studies, focus groups, and public forums.

Commissioner Qi asked what the make-up of the Commission was in terms of gender, ethnicity and sexual orientation. They have representatives from major groups. Vacancy notifications are placed in newspapers and the county website. There is a structured process now to reach out to the community.

Commissioner Beth Wong asked if any complaints were received because of language access. Mr. Templeton said that at the county's expense, they will provide interpreters. To his knowledge, he has not received any complaints regarding language barriers. The strongest area of concern when it comes to language comes from the Hispanic community.

A question was raised about hate crimes. Mr. Templeton said that hate crimes are referred to the Attorney General's Office. The Human Relations Commission does not handle them.

Commissioner Chung spoke about the language problems among the Asian American community. She even noted that there are still no Asian interpreters in the Department of Health and Human Services. She hopes that in the future, the Governor's Commission can work with the Human Relations Commission.

Chair Nishida informed Mr. Templeton that the Commission would be willing to share information about what other counties are doing to help with their strategic planning. Chair Nishida thanked Mr. Templeton and Mr. Cougen and said the Commission is looking forward to working with them.

III. Public Participation

Mr. Larry Shinagawa of the Asian American Studies Program in the University of Maryland informed the Commission that he had a publication available called "National Directory of Scholarships" which is free. He said it is a great resource.

Ms. Julie Chin, also from the Asian American Studies Program, also spoke about the publication and said that it could be found on-line.

Ms. Cathy Leigh spoke about the Asian community having a lack of exposure. They are very hungry to know more.

Commissioner Chung asked the Commission to look at the new initiatives of the Governor and work closer with counties like Frederick whose Asian population is growing. She said we should share resources.

Chair Nishida talked about the New Americans report and how it relates to the Commission recommendations.

Commissioner Chung said as a Commission, we should align our long term workplan with the recommendations of the New Americans Council.

Commissioner Riar said that we should find some way to continue to tap into the workforce pool that is underutilized. We want to make sure that through these recommendations, we ask the Governor to provide ways to navigate the system for newcomers and the existing workforce. This report really gives us hope. He suggested that the Commission stay involved.

Chair Nishida noted that the report could be used as a vehicle both in terms of workforce and diversity for new immigrants but also for government access.

Commissioner Wong spoke about several events she attended as part of the Economic Committee. She also felt that there needs to be a partnership between the colleges and the workforce field. BRAC is expecting a lot of new jobs which will require some college degrees.

Chair Nishida asked if anyone attended Commissioner Martin Ma's meeting at the White House on Minority Health. Commissioner Chung attended a meeting with them after the event. They are looking at staying small and doing a project for three years promoting Swine Flu awareness.

Commissioner Qi spoke about a project in Montgomery County called Vision 2030 or Gaithersburg West Master Plan. They are trying to position themselves as a premier destination of research, science and education. Johns Hopkins is taking the lead.

IV. Approval of Minutes

May 19, 2009 minutes were unanimously approved by the Commission.

Chair Nishida asked Commissioners to review the Draft Annual Report and submit any comments.

The meeting was adjourned at 8:50 p.m.